

Middle School Representative Application Form
Mail by December 15:
Barbara Smith
Tennessee Association Family, Career and Community Leaders of America
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0383

Chapter_____Advisor_____

Candidate's Name_____Birth Date_____

Home Address_____
(Street) (City) (Zip)

Age_____Grade(next year)_____

Parent/Guardian's Name_____

(Phone Number) (Street) (City) (Zip)

Applicant's School_____Principal_____

School Address_____
(Street) (City) (Zip)

Applicant's Grade Point Average (Minimum 2.5)_____Fall Semester

List the Family and Consumer Sciences class you have taken and the year when taken:
Must include a copy of your transcript with course highlighted.

Class

Year or Grade

How many years have you been an active FCCLA member?
(including current school year)_____

Include a copy of your chapter affiliation form with your name highlighted. Describe your involvement in FCCLA at the local, and/or state level (include any FCCLA chapter offices you have held)

List your participation in other school and community activities other than FCCLA (include major activities, organizations you belong to, offices held, and awards or honors received.)

Use only the space provided. Write one paragraph for each of the two topics below.

FCCLA has helped me grow—

The most important qualities of an effective leader are –

Student's Signature_____

Principal's Signature_____

Vocational Director's Signature_____

NOTE TO PARENTS/GUARDIAN AND ADVISORS: This student is applying for consideration for a middle school representative. It is an honor and responsibility for the student.

PARENTS: This will require your support financially, emotionally, physically, and in general, strong parental backing.

Date: _____ Parent/Guardian Signature _____

ADVISOR: Your signature is verification of the qualifications of this candidate. Your assistance is required in completing all duties assigned to your officer.

CHAPTER ADVISOR STATEMENT: The Candidate's chapter and chapter advisor have recommended this candidate for middle school representative. I will support this candidate by attending all required meetings. This includes supporting the middle school representative in planning, preparing, and executing all responsibilities.

YES, I AM WILLING TO ACCEPT THESE RESPONSIBILITIES AND SUPPORT THIS CANDIDATE FOR MIDDLE SCHOOL REPRESENTATIVE.

Date _____ Advisor's Signature _____

Attach the following to this form:

- 1) Two recommendations (from school administrators or teachers on leadership, citizenship, scholarship, maturity level, etc.)
- 2) A wallet size photograph
- 3) A narrative description which does not exceed 160 words indicating what qualifies you as a Middle School Candidate.